		982.5(15)				
P	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY				
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	TELEPHONE NO.: FAX NO.:					
A	ATTORNEY FOR STATE TAXPAYER/RESPONDENT					
	NAME OF COURT:					
	STREET ADDRESS:					
	MAILING ADDRESS:					
	CITY AND ZIP CODE: BRANCH NAME:					
	APPLICATION OF (Name):					
	TAXPAYER/RESPONDENT					
	CLAIM OF EXEMPTION AND FINANCIAL DECLARATION	CASE NUMBER:				
L		TAVAGENOVANIAGE				
	NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:				
	copy the information required above from the Application for Earnings Withholding (ft space is for your or your attorney's name and address.)	Order for Taxes <i>(form 982.5(11)). The top</i>				
1.	I need the following earnings to support myself or my family <i>(check and complete item a</i> a. All earnings. b. seach pay period.	or b):				
2.	Please send all papers to me my attorney at the address	shown above following (specify):				
3.	In addition to the 25 percent minimum withholding, I am willing for the following amount to withholding period: a. None b. Withhold: \$ each pay period.	be withheld from my earnings during the				
4.	 4. a. I am paid					
5.	The following persons depend, in whole or in part, on me for support: Name Age Relationship to me Myself	onthly income and its source				
	b.					
	C.					
	d. e.					
6.	The earnings of others listed in item 5 are now subject to wage assignments and Ea (specify):	arnings Withholding Orders as follows				

(Continued on reverse)

\Box^{A}	APPLICATION OF (Name):			CASE NUMBER:			
			TAXPAYER/RESPONDENT				
7.	My monthly expenses are as follows: a. Rent or house payment and maintenance b. Food and household supplies c. Utilities and telephone d. Clothing e. Laundry and cleaning f. Medical and dental payments g. Insurance (life, health, accident, etc.) h. School, child care	\$ \$ \$ \$ \$	j. Entertainment andk. Transportation and(insurance, gas,l. Installment payment total and list below	repair)	\$		
	i. Child, spousal support (prior marriage)		TOTAL MONTHLY I (add a through m) .	EXPENSES	\$		
8.	List payments on installment and other deb	ts. Conti	nued on Attachment 8.				
	Creditor's name	 For		nthly payment	Balance		
9.	What do you own? (State value.) a. Cash b. Checking, savings and credit union accounts, etc. (list institutions): (1) (2) (3)	\$ \$ \$ \$	e. Other personal p	tocks and bonds, etc.	\$		
	c. Cars, other vehicles, and boat equity (list make, year of each): (1) (2) (3)	\$ \$ \$ \$	List separately)): Total for item e:	\$		
 10. An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ monthly. 11. Other facts that support this Claim of Exemption are (describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget): Continued on Attachment 11. 							
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:							
	(TYPE OR PRINT NAME)			(SIGNATURE OF TAXPAYER)			

File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.